

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 02

**NOTE: THIS PHA PLAN TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHAName: Munday Housing Authority

PHANumber: TX120 -001-002-003

PHA Fiscal Year Beginning:(mm/yyyy) 07/2002

PHA Plan Contact Information:

Name: Beverly Banks

Phone: 940 -422-4941

TDD: 940 -422-4941

Email(if available): mundayha@hotmail.com

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below) _____

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below) _____

PHA Programs Administered :

- ☐ Public Housing and Section 8 ☐ Section 8 Only ☒ Public Housing Only

Annual PHA Plan
Fiscal Year 20 01
 [24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

Contents	<u>Page#</u>
Annual Plan	
i. Executive Summary (optional)	
ii. Annual Plan Information	
iii. Table of Contents	
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	
2. Capital Improvement Needs	
3. Demolition and Disposition	
4. Homeownership: Voucher Homeownership Program	
5. Crime and Safety: PHDEP Plan	
6. Other Information:	
A. Resident Advisory Board Consultation Process	
B. Statement of Consistency with Consolidated Plan	
C. Criteria for Substantial Deviations and Significant Amendments	
Attachments	
<input checked="" type="checkbox"/> Attachment A: Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment B: Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment C: Capital Fund Program 5 Year Action Plan	
<input type="checkbox"/> Attachment__: Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment__: Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment D: Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment E: Membership of Resident Advisory Board or Boards	
<input type="checkbox"/> Attachment__: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
Attachment F	
Five Year Plan Progress Statement	
Attachment G	
Annual Statement/Performance and Evaluation Report	
Capital Fund Program	

ii. Executive Summary

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

No Changes

2. Capital Improvement Needs

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$143,713.00.

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 - Year Action Plan

The Capital Fund Program 5 - Year Action Plan is provided as Attachment C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3.D Demolition and Disposition

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

4. Voucher Homeownership Program

[24 CFR Part 903.79(k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program in the table below (copy and complete questions for each program identified).)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____
- C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24CFR Part 903.79(r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (Filename)
3. In what manner did the PHA address those comments? (select all that apply)
 - ☐ The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included
 - ☐ Yes ☐ No: below or
 - ☐ Yes ☐ No: at the end of the RAB Comments in Attachment _____.

☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment ____.

☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here) State of Texas

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

- A. Promote Adequate affordable Housing
- B. Promote economic opportunity
- C. Promote a suitable living environment without discrimination

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

Any change to Mission Statements such as:

50% deletion from or addition to the goals and objectives as a whole;

50% or more decrease in the quantifiable measurement of any individual goal or objective

B. Significant Amendment or Modification to the Annual Plan:

50% variance in the funds projected in the Capital Fund Program Annual Statement;

Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or the Capital Fund Program Annual Statement;

Any change in a policy or procedure that requires a regulatory 30-day posting;

Any submission to HUD that requires a separate notification to residents, such as HOPE IV, Public Housing conversion, Demolition/Disposition, Designated Housing or Homeownership programs;

Any change inconsistent with the local, approved Consolidated Plan

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Schedule of flat rents offered each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHA/s participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA/s participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
	Component 10 Voluntary Conversion Initial Assessment	

Annual Statement/Performance and Evaluation Report ATTACHMENT B					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Munday Housing Authority		Grant Type and Number Capital Fund Program: TX21P1205010 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input checked="" type="checkbox"/> Original Annual Statement Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations	5,000.00			
3	1408 Management Improvements	5,000.00			
4	1410 Administration	12,000.00			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	6,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	12,000.00			
10	1460 Dwelling Structures	81,000.00			
11	1465.1 Dwelling Equipment — Nonexpendable	12,000.00			
12	1470 Non dwelling Structures	1,713.00			
13	1475 Non dwelling Equipment	7,000.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	2,000.00			
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	143,713.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

Annual Statement/Performance and Evaluation Report ATTACHMENT B Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Munday Housing Authority		Grant Type and Number Capital Fund Program: TX21P1205010 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
X Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures	12000.00		12000.00	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Munday Housing Authority		Grant Type and Number Capital Fund Program#: TX21P120510 Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: 02		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX120-HA	NON-TECHNICAL HELP, SUNDRY, TRAINING	1410		12,000.00				
TX120-HA	OPERATIONS	1406		5,000.00				
TX120-HA	ARCHITECTURAL SERVICES & REPRODUCTION	1430		6,000.00				
TX120-HA	UPGRADE COMPUTER AND SOFTWARE, SOFTWARE TRAINING	1408		5,000.00				
TX120-HA	RANGES, REFRIGERATORS, WATER HEATERS	1465		12,000.00				
TX120-HA	INSTALL PORCH LIGHTS	1460		8,000.00				
TX120-HA	PAINT INTERIORS AND DO REPAIRS AS NEEDED	1460		10,000.00				
TX120-HA	REPAIRS TO KITCHENS AND OTHER REPAIRS PER REAC INSPECTIONS	1460		20,000.00				
TX120-HA	RELOCATION OF RESIDENTS	1495		2,000.00				
Tx120-HA	KITCHEN REPAIRS AS NEEDED	1460		20,000.00				
TX120-HA	LANDSCAPING	1450		7,000.00				
TX120-HA	MAINTENANCE EQUIPMENT	1475		7,000.00				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Munday Housing Authority		Grant Type and Number Capital Fund Program #: TX21P120510 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 02		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX-120-HA	REPLACE FLOORING AS NEEDED	1460		15,000.00				
TX120-HA	REPLACE BEDROOM AND BATHROOM DOORS, AND BATHROOM REPAIRS AS NEEDED	1460		8,000.00				
TX120-HA	RELOCATION OF RESIDENTS	1475		3,000.00				
TX120-HA	REPAIR SIDEWALKS	1470		3,713.00				

ATTACHMENT C

Capital Fund Program 5 - Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA development planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 - year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 - Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
TX120-HA	MUNDAY HOUSING AUTHORITY	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
1410 NON - TECHNICAL HELP, SUNDRY, TRAINING	12000.00	2003
1406 OPERATIONS	5000.00	2003
1430 INSPECTOR & REPRODUCTION	6000.00	2003
1465 WATER HEATERS, REFRIGERATORS, & RANGES	12000.00	2003
1475 MAINTENANCE EQUIPMENT	7000.00	2003
Total estimated cost over next 5 years	CONTINUED	

CFP5 -Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
TX120-001	MUNDAY HOUSING AUTHORITY	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
1460 PAINT INTERIOR SOF NEEDED APARTMENTS	15000.00	2003
1460 REPAIRS TO KITCHENS AS NEEDED	20000.00	2003
1450 LANDSCAPING AND GRASS	7000.00	2003
1495 RELOCATION OF RESIDENTS	2000.00	2003
1460 INSTALL OUTDOOR LIGHTING	8000.00	2003
Total estimated cost over next 5 years	CONTINUED	

CFP5 -Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
TX120-002	MUNDAY HOUSING AUTHORITY	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
1460 PAINT APARTMENTS AS NEEDED	15000.00	2003
1460 CABINETS & COUNTERTOPS, KITCHEN REPAIRS AS NEEDED	20000.00	2003
1460 MODERNIZE BATHROOMS	8000.00	2003
1495 RELOCATION	3000.00	2003
1470 SIDEWALK REPAIRS	3713.00	2003
Total estimated cost over next 5 years	143,713.00	

CFP5 -Year Action Plan			
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement			
Development Number	Development Name (or indicate PHA wide)		
TX120-001	MUNDAY HOUSING AUTHORITY		
Description of Needed Physical Improvements or Management		Estimated Cost	Planned Start Date (HA Fiscal Year)
1460 PAINT & REPAIR INTERIORS OF NEEDED APARTMENTS		15000.00	2004
1460 FOUNDATION REPAIRS		7000.00	2004
1495 RELOCATION OF RESIDENTS		2000.00	2004
Total estimated cost over next 5 years		CONTINUED	

CFP5 -Year Action Plan			
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement			
Development Number	Development Name (or indicate PHA wide)		
TX120-HA	MUNDAY HOUSING AUTHORITY		
Description of Needed Physical Improvements or Management		Estimated Cost	Planned Start Date (HA Fiscal Year)
1410 NON - TECHNICAL HELP, SUNDRY, TRAINING		12000.00	2004
1406 OPERATIONS		5000.00	2004
1430 INSPECTOR & REPRODUCTION		6000.00	2004
1408 COMPUTER UPGRADE		8000.00	2004
1465 WATER HEATERS, REFRIGERATORS, & RANGES		12000.00	2004
1475 MAINTENANCE EQUIPMENT		7000.00	2004
1475 MAINTENANCE PICKUP		20000.00	2004
Total estimated cost over next 5 years		CONTINUED	

CFP5 -Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
TX120-002	MUNDAY HOUSING AUTHORITY	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
1460 PAINT & REPAIR APARTMENTS AS NEEDED	15000.00	2004
1460 INTERIOR REPAIRS AS NEEDED	19000.00	2004
1450 UPGRADE PARKING AREAS	10000.00	2004
1495 RELOCATION	5000.00	2004
1470 SIDEWALK REPAIRS	1713.00	2004
Total estimated cost over next 5 years	143,713.00	

CFP5 -Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
TX120-HA	MUNDAY HOUSING AUTHORITY	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
1410 NON - TECHNICAL HELP, SUNDRY, TRAINING	12000.00	2005
1406 OPERATIONS	5000.00	2005
1430 INSPECTOR & REPRODUCTION	6000.00	2005
1408 UPGRADES SOFTWARE AND OFFICE EQUIPMENT	8000.00	2005
1465 WATER HEATERS, REFRIGERATORS, & RANGES	12000.00	2005
1475 MAINTENANCE EQUIPMENT	7000.00	2005
1460 INSTALL AIR CONDITIONING & HEATING IN APTS.	88713.00	2005
1495 RELOCATION OF RESIDENTS	2000.00	2005
1450 LANDSCAPING	3000.00	2005
Total estimated cost over next 5 years	143,713.00	

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDE P Plan template (HUD 50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an "x") **N1** _____ **N2** _____ **R** _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEPTarget Areas (Name of development(s) or site)	Total # of Units within the PHDEPTarget Area(s)	Total Population to be Served within the PHDEPTarget Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

12 Months _____ 18 Months _____ 24 Months _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs havenot been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY _____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise — not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 –ReimbursementofLawEnforcement					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9115 -SpecialInitiative					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9116 -GunBuybackTAMatch					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9120 -SecurityPersonnel					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9130 –EmploymentofInvestigators					TotalPHDEPFunding:\$				
Goal(s)									
Objectives									

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9150 - PhysicalImprovements					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9160 -DrugPrevention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9180 -DrugTreatment		TotalPHDEPFunding:\$
Goal(s)		
Objectives		

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPH DEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

Required Attachment D___: Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

RUTH GLADDEN

B. How was the resident board member selected: (select one)?

☐ Elected

☒ Appointed

C. The term of appointment is (include the date term expires): 10/01/2002

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

☐

the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐

Other (explain):

B. Date of next term expiration of governing board member: 10/01/2001

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

MAYOR GARY TIDWELL

PO BOX 52

MUNDAY, TEXAS 76371

Required Attachment ___E___: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

MS. KILLIE SHIELDS
MS. TERRY DOCKINS
MS. BERTHA SPELLS
MS. BILLIE COODY
MS. LINDA CAVASSUS
MR. ILEEMOORE

Letters were mailed out asking for residents to volunteer. There was no response; therefore the Chairman of the Board of Commissioners appointed members to the Resident Advisory Board.

ATTACHMENT F

FIVE YEAR PLAN PROGRESS STATEMENT

We have advertised and worked closely with the Churches in our town to help reduce our vacancies. We have also worked closely with the Texas Department of Human Resources.

We have improved our Physical Inspection Scores from last year thru using our CFP. Our management functions have improved by hiring more staff, with our Capital Funds. We also modernized some of our apartments thru use of our Capital Fund Program.

We have housed more employed persons in the past fiscal year than we have in the past.

We are providing supportive groups for our residents thru Churches and the TDHR.

By having additional help in the office we have been able to implement our Affirmative Action Plan by contacting Churches, the Chamber of Commerce and Lions Club

Attachment G

Annual Statement/Performance and Evaluation Report ATTACHMENT G					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Munday Housing Authority		Grant Type and Number Capital Fund Program: TX21P12050100 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<div style="display: flex; justify-content: space-between;"> <div> Original Annual Statement X Performance and Evaluation Report for Period Ending: 3/31/02 </div> <div> <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report </div> </div>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	5,000.00		5000.00	5000.00
3	1408 Management Improvements	5,000.00		5,000.00	5000.00
4	1410 Administration	12,000.00		12,000.00	12000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5800.00		5800.00	1082.49
8	1440 Site Acquisition				
9	1450 Site Improvement	19,000.00		19000.00	18999.80
10	1460 Dwelling Structures	67015.00		67015.00	66517.03
11	1465.1 Dwelling Equipment —Nonexpendable	13,000.00	19800.00	19800.00	8017.38
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	7041.00		7,041.00	5067.96
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	7,000.00	200.00	200.00	200.00
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	140856.00		140856.00	125,519.68

Annual Statement/Performance and Evaluation Report ATTACHMENT G					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Munday Housing Authority		Grant Type and Number Capital Fund Program: TX21P12050100 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)			
X Performance and Evaluation Report for Period Ending: 3/31/02		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures	9000.00		9000.00	

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CF P/CFPRHF)****Part II: Supporting Pages**

PHAName: Munday Housing Authority		Grant Type and Number Capital Fund Program#: TX21P1205100 Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: 00		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX120-HA	NON-TECHNICAL HELP, SUNDRY, TRAINING	1410		12,000.00		12,000.00	12000.00	100%
TX120-HA	OPERATIONS	1406		5000.00		5000.00	5000.00	100%
TX120-HA	ARCHITECTURAL SERVICES & REPRODUCTION	1430		5800.00		5800.00	5800.00	100%
TX120-HA	Upgrade of Computer & Fax Machine	1408		5,000.00		5000.00	4717.51	
TX120-HA	RANGES, REFRIGERATORS, WATER HEATERS	1465		13000.00	19800.00	19800.00	8017.38	
TX120-HA	PAINT EXTERIOR OF ALL UNITS	1460		19000.00		19000.00	19000.00	100%
TX120-01	CABINETS & COUNTERTOPS IN 3 UNITS, PAINT AND DOR REPAIRS IN 10 UNITS	1460		12250.00		12250.00	12250.00	100%
TX120-02	REPLACE CABINETS & COUNTER TOPS IN 5 UNITS, PAINT AND DO REPAIRS IN 20 UNITS	1460		357650.00		35765.00	35270.03	
TX120-01	RELOCATION OF RESIDENTS	1495		2000.00		2000.00	200.00	
TX120-002	RELOCATION OF RESIDENTS	1495		5000.00		5000.00	0	
TX120-002	LANDSCAPING ON 20 UNITS AND UNDERGROUND SPRINKLER SYSTEM	1450		19000.00		19000.00	18999.80	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CF P/CFPRHF) Part II: Supporting Pages								
PHAName: Munday Housing Authority		Grant Type and Number Capital Fund Program #: TX21P1205100 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 00		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX120-HA	MAINTENANCE EQUIPMENT	1475		7041.00		7041.00	5067.96	
						140,856	125,519.68	

Annual Statement/Performance and Evaluation Report ATTACHMENT G Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CF PRHF) Part 1: Summary					
PHAName: Munday Housing Authority		Grant Type and Number Capital Fund Program: TX21P12050101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<div style="display: flex; justify-content: space-between;"> <div> Original Annual Statement X Performance and Evaluation Report for </div> <div> <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) </div> </div>					
		Period Ending: 12/31/01 <input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	5,000.00		5,000.00	
4	1410 Administration	12,000.00		12,000.00	1327.50
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	15000.00		15000.00	
8	1440 Site Acquisition				
9	1450 Site Improvement	20000.00		20000.00	
10	1460 Dwelling Structures	64672.00		64672.00	
11	1465.1 Dwelling Equipment — Nonexpendable	13,000.00		13000.00	
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment	7041.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	7,000.00			
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	143,713.00		143,713.00	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

Annual Statement/Performance and Evaluation Report ATTACHMENT G Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CF PRHF) Part 1: Summary							
PHAName: Munday Housing Authority		Grant Type and Number Capital Fund Program: TX21P12050101 Capital Fund Program Replacement Housing Factor Grant No:				Federal FY of Grant: 2001	
Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) X Performance and Evaluation Report for Period Ending: 12/31/01 <input type="checkbox"/> Final Performance and Evaluation Report							
Line No.	Summary by Development Account	Total Estimated Cost			Total Actual Cost		
23	Amount of line 20 Related to Security						
24	Amount of line 20 Related to Energy Conservation Measures	9000.00			9000.00		

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CF PRHF) Part II: Supporting Pages								
PHAName: Munday Housing Authority		Grant Type and Number Capital Fund Program #: TX21P1205100 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 00		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX120-HA	NON-TECHNICAL HELP, SUNDRY, TRAINING	1410		12,000.00		12,000.00		
TX120-HA	UPGRADE OF COMPUTER & FAX MACHINE	1408		5000.00		5000.00		
TX120-HA	ARCHITECTURAL SERVICES & REPRODUCTION	1430		15000.00		15000.00		

Annual Statement/Performance and Evaluation Report ATTACHMENT G Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CF PRHF) Part 1: Summary									
PHAName: Munday Housing Authority			Grant Type and Number Capital Fund Program: TX21P12050101 Capital Fund Program Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) X Performance and Evaluation Report for Period Ending: 12/31/01 <input type="checkbox"/> Final Performance and Evaluation Report									
Line No.	Summary by Development Account	Total Estimated Cost				Total Actual Cost			
TX120-HA	RANGES, REFRIGERATORS, WATER HEATERS	1465		13000.00		13000.00			
TX120-HA	PAINT EXTERIOR OF ALL UNITS	1460		19000.00		19000.00			
TX120-01	CABINETS & COUNTERTOPS IN 3 UNITS, PAINT AND DOOR REPAIRS IN 10 UNITS	1460		9907.00		9907.00			
TX120-01	DO FOUNDATION REPAIRS & OTHER REPAIRS PER REAC INSPECTIONS	1460		32765.00		32765.00			
TX120-01	RELOCATION OF RESIDENTS	1495		7000.00		7000.00			
TX120-002	REPLACE COUNTERTOPS IN 3 UNITS	1460		3000.00		3000.00			
TX120-001	LANDSCAPING	1450		20000.00		20000.00			
TX120-HA	MAINTENANCE EQUIPMENT	1475		7041.00		7041.00			
						143713.00			

Component 10(B) Voluntary Conversion Initial Assessments

a. How many of the PHA's developments are subject to the Required Initial Assessments?

3

b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions?

0

c. How many Assessments were conducted for the PHA's covered developments?

1

d. Identify PHA developments that may be appropriate for conversions based on the Required Initial Assessment:

None

After review of operations, it was determined that conversion of the development will be an appropriate because removal of the development would not meet the necessary conditions for voluntary conversion.